



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

735083

Local No 000774

EDR No 000000194539

State No

1. Decedent's Legal Name (First, Middle, Last) JIHA'D CYPRUS VASQUEZ				1a. Maiden Name (If female)		2. Sex MALE		3. Time Of Death 01:50 PM		4. Date Of Death (Month/Day/Year) 04/14/2011	
5. Social Security Number [REDACTED]		6a. Age - Yrs 16		6b. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Day Hours		6e. Under 1 Hour Minutes	
7. Date of Birth (Month/Day/Year) 06/21/1994		8. Birthplace (City and State or Foreign Country) DETROIT, MI									
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival				10a. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input checked="" type="checkbox"/> Other (Specify)					
11. Facility Name (If Not Institution, Give Street and Number) QUEENBORO STREET											
12. City Or Town, State, And Zip Code SOUTH BEND, IN, 46614						13. County Of Death ST. JOSEPH			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name				15a. (If Wife) Give Maiden Last Name				16. Decedent's Usual Occupation STUDENT		17. Kind Of Business/Industry EDUCATION	
18. Residence - State INDIANA				18a. County ST. JOSEPH				18b. City Or Town SOUTH BEND			
18c. Street And Number [REDACTED]						18d. Apt. No. [REDACTED]		18e. Zip Code 46614		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education 9TH - 12TH GRADE; NO DIPLOMA				20. Decedent Of Hispanic Origin NOT HISPANIC				21. Decedent's Race Black or African American			
22. Father's Name (First, Middle, Last) ANTONIO VASQUEZ JR				23. Mother's Name (First, Middle, Last) STEPHANIE F. JONES				23a. Mother's Maiden Last Name JONES			
24. Informant's Name STEPHANIE F JONES				24a. Relationship To Decedent MOTHER				24b. Mailing Address (Street And Number, City, State, Zip Code) [REDACTED] SOUTH BEND, IN 46614			
25. Place Of Disposition											
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):				25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) WYATT CREMATORY				25c. Location - City, Town, And State WYATT, IN			
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				27. Name And Complete Address Of Funeral Facility HANLEY & SONS FUNERAL HOME INC. (SOUTH BEND), 23421 STATE ROAD 23, SOUTH BEND, IN 46614						27a. Funeral Home License Number: FH88800151	
27b. Signature Of Indiana Funeral Service Licensee: JON K HANLEY, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee). FD01006332					
Cause Of Death (See Instructions And Examples)											
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. ASPHYXIATION BY HANGING Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last B. C. D.										Approximate Interval: Onset To Death SECONDS	
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No											
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year				33. Manner Of Death: <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined			
34. Date Of Injury (Month/Day/Year) 04/14/2011				35. Time Of Injury 13:50		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) UTILITY EASEMENT				37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. Location Of Injury - State INDIANA				38a. City Or Town SOUTH BEND		38b. Street & Number [REDACTED] NORTH QUEENSBORO STREET				38c. Apt. No. 46514	
39. Describe How Injury Occurred VICTIM AFFIXED LIGATURE AROUND HIS NECK AND SUSPENDED HIMSELF											
41. Signature, Of Person Certifying Cause Of Death: CHARLES HURLEY, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One) <input type="checkbox"/> Certifying Physician <input checked="" type="checkbox"/> Coroner <input type="checkbox"/> Health Officer					
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: CHARLES HURLEY, RM 424 COUNTY CITY BUILDING, SOUTH BEND, IN 46601						44. License Number		45. Date Certified 04/15/2011			
46. Additional Funeral Service Provider:						47. *Akas:					
48. Signature of Local Health Officer: THOMAS A. FELGER, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): APR 15 2011					
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)											